

DOES HIV REALLY CAUSE AIDS?

***It may come as
a surprise for
some to learn
that there is
little, if any,
evidence that
HIV causes
AIDS!***

Written by

The HIV Connection?

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The HIV Connection?, a group of individuals including scientists and lay people, announced on 12th October 1992 that it will make its position paper, *The AIDS Crisis: The Other Side*, available to the public. The position paper presents an objective, documented and referenced history and overview of the dominant, publicly accepted theory that HIV is the sole and direct cause of AIDS.

The group was formed by Ed Vargas in 1992, for the purpose of providing factual and documented information on HIV and AIDS that is not distributed by the AIDS establishment. Today the group consists of people from all AIDS-affected communities and is focusing on educating the media, policy makers, people with AIDS and people with HIV.

By distributing *The AIDS Crisis: The Other Side*, the group hopes to initiate a reassessment of the current HIV-AIDS hypothesis. The group hopes that this reassessment will lead to a more productive AIDS hypothesis in terms of public health benefits including AIDS prevention, treatment and prediction of the course of the epidemic.

THE AIDS CRISIS: THE OTHER SIDE

In April 1984, US Health and Human Services Secretary Margaret Heckler announced to the world at a press conference that an American scientist, Dr Robert Gallo, had discovered the "probable cause" of Acquired Immune Deficiency Syndrome (AIDS)—the retrovirus subsequently named Human Immunodeficiency Virus (HIV).

Since this announcement, the AIDS epidemic and our understanding of it has been fought on a politicised landscape. Margaret Heckler, a politician, made this announcement before one single American study on HIV had been published. In addition, no discussion, review or debate of its merits occurred in any medical or scientific journals. This process of science by press release violated conventional scientific procedures and customs.

The political decision to credit Gallo with the discovery of HIV failed since subsequent investigations have established that HIV was discovered in 1983 by Dr Luc Montagnier of France, who sent a sample of his discovery to Gallo.* The retrovirus Gallo claimed to have discovered was the same retrovirus he had received from Montagnier.¹

Immediately following Heckler's announcement, Gallo published four articles in *Science* (May 1984) that showed correlations between HIV and AIDS. These articles, which are the basis for the current hypothesis that HIV is the sole and direct cause of AIDS, were proved fraudulent on many counts critical to their scientific validity by recent investigations conducted by the National Institutes of Health and the National Academy of Sciences.²

Since the April 1984 news conference, there has not been a single scientific research publication that purports to prove that HIV causes AIDS. In addition, there's been a lack of discussion and debate both outside and within the scientific community *specifically* addressing the contradictions and inconsistencies with the current HIV-AIDS hypothesis and the epidemiological research on which it is based. To compound this, the current HIV-AIDS hypothesis has been entirely unproductive in terms of public health benefits, including AIDS prevention, treatment, and even in predicting the course of the disease within each individual or the course of the epidemic within the general population.

The following document is an overview of the viral and epidemiological contradictions and inconsistencies of the current HIV-AIDS hypothesis which have not been *specifically* addressed by our AIDS establishment.

This document hopes to show that the American government and scientific community need to seriously reassess the current HIV-AIDS hypothesis and their AIDS research priorities. We hope this reassessment will lead to a more productive AIDS hypothesis and investigations of other factors and/or causes of AIDS with or without HIV as a factor.

HIV-AIDS HYPOTHESIS

The current HIV-AIDS hypothesis states that the retrovirus,** HIV, infects and kills CD4 and T-cells. Depletion of these T-cells in the body is one of the hallmark conditions in People With AIDS (PWAs) and results in a weakened immune system, leaving the body susceptible to one or more of the 25 previously known diseases grouped together in a syndrome called AIDS.

In the last eight or so years of intensive HIV research, it has been proven that only 1 in 10,000 T-cells are actively infected with HIV,³ even using the newly advanced technique of detection called PCR.*** This degree of T-cell loss is equivalent to losing a drop of blood a day. Anyone could afford to lose this quantity without developing any symptoms. The ongoing question in the scientific community is: What is killing the billions of T-cells and depleting other cells in the immune system such as Natural Killer (NK) cells, seen in PWAs, if HIV is not solely responsible?

Even though we don't know the exact mechanisms by which viruses cause disease, the current HIV-AIDS hypothesis claims that HIV lies dormant in these T-cells for up to 15 years. Then, by way of some unknown mechanism, HIV is activated to destroy additional T-cells. This latency period is unexplainable by the scientific community since no known virus or retrovirus takes 10-15 years or more to cause disease, and contradicts other long-established principles of virology.¹³

In spite of its political notoriety, HIV is scientifically a run-of-the-mill retrovirus. It is genetically so similar to other non-pathogenic retroviruses that no one within the scientific community can explain or show that HIV exhibits any characteristics that would distinguish it from any of the other retroviruses.⁴ There are approximately 100 retroviruses in the human germ line. After more than 20 years of intensive research on retroviruses (Nixon's War on Cancer), none has ever proven to cause disease.⁴ To date, there has been no scientific evidence that explains why this retrovirus should be an exception.

HIV VIRUS vs ANTIBODIES TO HIV

The primary function of any virus or retrovirus is to replicate itself in the cells of a host organism, such as a human body. Some viruses, like those responsible for polio and hepatitis, kill cells in the process and thus cause disease. If the polio virus kills sufficient neurons, the human host (body)

becomes paralysed. A vaccine like the Salk or Sabin polio vaccines stimulates the body to produce antibodies which neutralise the virus and thus prevent disease. The presence of antibodies, especially if live virus is absent or is present in low quantities, indicates that the body's immune system has succeeded in controlling the virus, thus preventing disease.

Shortly after HIV infects the body the virus multiplies rapidly, sometimes causing flu-like symptoms.⁴ Thereafter, the immune system goes to work producing antibodies which virtually eliminate the virus. Only very low levels of the live HIV remain—so low they can only be detected with great difficulty by advanced PCR techniques—but antibodies persist and are readily detectable. Presence of antibodies to HIV (HIV+) in the blood has become a prerequisite for AIDS. But longstanding principles of virology¹³ hold that when antibodies are present from any virus or retrovirus, this indicates that the immune system has rendered the virus harmless and the body is protected from further symptoms or disease. This is the principle of antiviral vaccination. A positive antibody test to HIV is the current clinical indicator for AIDS. There is no scientific precedent for an anti-viral antibody forecasting a viral disease.

EPIDEMIOLOGICAL EVIDENCE

Because no one knows of a mechanism by which HIV could perform all the destructive activities associated with full-blown AIDS, the HIV-AIDS hypothesis has always depended solely upon epidemiological evidence.

Epidemiology is a branch of medicine studying the course a disease takes in a population. In short, epidemiology is a 'soft science' based on survey research. The main reason for believing that HIV causes AIDS is statistical correlation: most persons suffering from AIDS also test positive for antibodies to HIV. This correlation is much less impressive than at first appears. Indeed, to a large extent it is a product of the HIV hypothesis itself. AIDS is defined as prior HIV infection

plus symptoms like T-cell depletion and diseases like Kaposi's sarcoma, pneumonia, candidiasis and so on. In many cases, HIV is presumed where the indicator diseases have been diagnosed, even though the HIV test has not been performed. The statistical correlation of HIV and AIDS is thus built into the definition of AIDS. If the epidemiological evidence is evaluated without a pre-existing bias in favour of the HIV hypothesis, however, many facts emerge which cast doubt on HIV as the sole and direct cause of AIDS. As for example:

1) Predictions of the spread of AIDS based on the HIV hypothesis are continually being readjusted.⁹ AIDS has not significantly spread beyond the original risk groups and there are many fewer cases of full-blown AIDS than anticipated. For this reason the 'latency period' has continuously been extended. It is now up to 10-15 years and still growing. This 'latency period' is a statistical product designed to reconcile the relatively low incidence of AIDS with the relatively high level of HIV infection.⁶

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2) The number of HIV carriers has remained relatively constant at about 1 million since 1985 when the antibody test was initiated.⁵

3) There is not enough HIV in the bodies of PWAs to account for the billions of T-cells being killed.⁷

4) HIV can hardly be isolated from patients with AIDS, suggesting that the body's natural vaccination process has occurred.⁷

5) Kaposi's sarcoma has been found in many young male homosexuals who have never been infected by HIV. Even adherents of the HIV hypothesis now concede that KS is not caused by HIV. Nonetheless, this disease is diagnosed as 'AIDS' but only when the sufferer also has antibodies to HIV.⁸

6) Other AIDS indicator diseases with T-cell depletion are found in individuals who do not have antibodies to HIV. In fact, all AIDS diseases have occurred in all risk groups in the absence of HIV or its antibodies since the beginning of the epidemic. HIV infection is thus not a necessary prerequisite for a diagnosis of AIDS—were it not for the biased definition.^{7,8}

7) Tests show that the number of HIV-infected T-cells remains the same no matter if you are asymptomatic or have full-blown AIDS. Any other viral infection would show a dramatic increase throughout the course of the disease.⁷

8) Although sexually transmitted diseases infect males and females equally, more than 90% of American AIDS sufferers are male. This is true even of health care workers who develop AIDS, although two-thirds of all US health care workers are female.⁶

9) The risk of getting AIDS for HIV-infected people varies tenfold with gender or country. In America, the annual AIDS risk of an HIV-infected person is currently 4%; in Africa it is 0.3%.^{6,7}

10) HIV is spread primarily through homosexuals in the US and primarily through heterosexuals in Africa.⁷ This would suggest that AIDS is possibly a non-infectious disease.

11) So-called "African AIDS" affects males and females equally, and also involves a different pattern of associated opportunistic infections. These differing patterns do not rescue the HIV hypothesis for American AIDS, but indicate that a single virus may not be responsible for the multitude of conditions diagnosed as AIDS in Africa and America.⁷

12) About three-fourths of the 20,000 US haemophiliacs were infected with HIV almost 10 years ago. According to the HIV hypothesis, at least half of those infected should have died by now—but the mortality rate among haemophiliacs has remained constant at 2% over the last 15 years.¹⁰

13) HIV is said to be a sexually transmitted virus, yet it is barely detectable in the semen of AIDS patients.¹¹

14) The same diseases are found in similar frequencies in HIV-positive and HIV-negative intravenous drug users, and the overall mortality in the two groups is the same.¹²

CURRENT STATE OF AFFAIRS

Currently 1 billion dollars is spent on AIDS research each

year by the US government alone. This money is devoted almost solely to projects based on an unproven and so far entirely unproductive hypothesis with mounting inconsistencies and contradictions. Specifically, most of the research dollars are spent on vaccines and anti-virals which may be of little value considering:

a) antibodies to HIV have already vaccinated the blood of PWAs; and

b) such minuscule amounts of HIV are found in the blood of PWAs that anti-virals would have little efficacy.

In consideration of the evidence presented, The HIV Connection? calls on our AIDS establishment to immediately

reassess the current HIV-AIDS hypothesis and to encourage research into other possible causes of AIDS. The group hopes this reassessment will lead to a more productive AIDS hypothesis in terms of public health benefits, including AIDS prevention, treatment and prediction of the course of the epidemic within the population at large and the course of illness within each individual.

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FOOTNOTES

* Technically, Gallo has been partially credited with the discovery of HIV but the French/American agreement to split the profits and recognition still remains, against the will of the French government.

** Retroviruses are a subset of viruses. Essentially they are very similar, except in replication process, viruses convert DNA to RNA. Retroviruses are the opposite in that they convert RNA to DNA.

*** PCR is Polymerase Chain Reaction, a method of amplification. It is the biochemical equivalent of finding a needle in a haystack.

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SUGGESTED READING

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*For copies of these five articles, send USD\$1.45 in US postage (five 29c stamps) to The HIV Connection?.

RELATED ORGANISATIONS

- Cure Now*, PO Box 29386, Los Angeles, CA 90028, USA. Contact Jerry Tarranova, phone (213) 660 7563. Quarterly bulletin, USD\$4.00.
- Project AIDS International*, 8033 Sunset Blvd, Suite 2640, Los Angeles, CA, USA. Phone (213) 467 3352.
- The Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis*. Contact Charles Thomas, phone (619) 272 3884. *Rethinking AIDS* quarterly bulletin, 2040 Polk Street, Suite 321, San Francisco, CA 94109, USA.
- The Strecker Group*, 1501 Colorado Blvd, Los Angeles, CA 90041, USA. Phone (213) 344 8039, fax (213) 254 8734. ∞